

CITY OF EAU CLAIRE
OPERATORS (BARTENDERS) LICENSE APPLICATION

Fee: \$57.00 (non-refundable)
Tran Code: 1120

☐ NEW ☐ RENEWAL

*** Please Print ***

Drivers License or WI I.D.#	Date of Birth	Phone No	
First Name	MI	Last Name	
Street Address	City	State	Zip
Name of Business (Where are you using this license?)	Street Address of Business		

1. If you checked **NEW** above -- have you completed the Bartenders Training Course in the State of Wisconsin or held a bartenders license in the State of Wisconsin within the last 2 years? ☐ Yes ☐ No

2. Have you **EVER** been convicted of violating any:

Federal Laws ANYWHERE? ☐ Yes ☐ No

Wisconsin State Laws? ☐ Yes ☐ No

Laws of ANY other State? ☐ Yes ☐ No

Ordinances ANYWHERE? ☐ Yes ☐ No

No

No

Other _____

3. ☒ IF you answered YES to any question (listed in #2 above) complete the following for each conviction:

Date of conviction	City/State where violation occurred
Nature of offense	

Date of conviction	City/State where violation occurred
Nature of offense	

(List additional convictions on back of form.)

4. Are there any **CRIMINAL** charges **PRESENTLY PENDING** against you?

☐ No

☐ Yes ☒ If YES answer the questions below:

Date of offense	City/State where offense occurred
Nature of offense	

(List additional pending charges on back of form.)

PLEASE be advised that the Police Department will review and verify the information on your application. If any information is not complete or correct it is likely that the police department will disapprove your license application.

Applicant's Statement

I hereby certify that the answers on this application are true and correct to the best of my knowledge. I agree in the consideration of the granting of this license, to comply with the laws of the State of Wisconsin, and the provisions of the Municipal Code of Ordinances of the City of Eau Claire.

Signature _____ Date ____/____/____

ADDITIONAL OFFENSES

Date ____/____/____ Nature of Offense _____

Date ____/____/____ Nature of Offense _____

Date ____/____/____ Nature of Offense _____

Date ____/____/____ Nature of Offense _____

Date ____/____/____ Nature of Offense _____

ADDITIONAL PENDING CHARGES

Date ____/____/____ Nature of Charge _____

Date ____/____/____ Nature of Charge _____

Date ____/____/____ Nature of Charge _____

Date ____/____/____ Nature of Charge _____

Date ____/____/____ Nature of Charge _____

STAFF USE ONLY